



Depression and Diabetes

DEPRESSION AND DIABETES

A pregnancy that is complicated by diabetes, either in its chronic form or as a new diagnosis, is a stressful condition for the patient and her family because major lifestyle adjustments are required to manage diabetes during pregnancy. Pre-existing depression is likely to flare up or new depressive symptoms occur as a reaction to the perceived overwhelming nature of the diagnosis of diabetes.

Women who are depressed show, by definition of the illness, impaired self-care, changes in appetite and sleep, and poor adherence to structured daily activities. Thus, adherence to diabetes management is frequently impossible for women who suffer from depression. As self-monitored blood glucose levels are likely to be out of the desired range, the resultant feelings of guilt and helplessness exacerbate the depression and thus the diabetes.

POST PARTUM DEPRESSION

Once the challenge of the pregnancy is over and the baby has been born, 1) post-partum blues and 2) post-partum depression are common but often ignored conditions that seriously affect not only mother and infant but the whole family. Post-partum depression is more likely to occur if the woman had experienced an episode of depression at an earlier time. As our culture has high expectations on mothering and happiness, post-partum depression is a particularly isolating and despairing condition. Diabetes prevention or diabetes care can suffer from the concomitant self-neglect, with the ever-looming danger of potential harm to the baby or self.

Timely screening for post-partum depression can prevent this downward spiral of despair and harm. The Edinburgh Postnatal Depression Scale (EPDS) has ten questions that can help decide whether post-partum depression might be present. Because

depression is as common as post-partum depression, also try to administer the Edinburgh questionnaire twice during pregnancy (in the second and third trimesters.)

Setting up a visit with a mental health professional or at a community clinic will empower the patient to help herself. With the facilitation of a social worker or any other behavioral medicine specialist, she will hopefully recover soon from this episode and will bond with her new-born infant with much greater ease.